

REQUEST

For receiving	ce use only
International Application No.	
International Filing Date	
Name of receiving Office and "PCT	International Application"

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty. Applicant's or agent's file reference (if desired) (12 characters maximum) SRI-110/PCT Box No. I TITLE OF INVENTION OPTICAL VASCULAR FUNCTION IMAGING SYSTEM AND METHOD FOR DETECTION AND DIAGNOSIS OF CANCEROUS TUMORS Box No. II APPLICANT This person is also inventor Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Telephone No. 650-859-2000 Facsimile No. SRI International 650-326-5512 333 Ravenswood Ave. Teleprinter No. Menlo Park, CA 94025 US Applicant's registration No. with the Office State (that is, country) of nationality: State (that is, country) of residence: US US This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box for the purposes of: FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is: applicant only FARIS, GREGORY W. 2042 Santa Cruz Ave. applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Menlo Park, CA 94025 US Applicant's registration No. with the Office State (that is, country) of nationality: State (that is, country) of residence: US This person is applicant all designated all designated States except the United States of America the United States the States indicated in for the purposes of: of America only Further applicants and/or (further) inventors are indicated on a continuation sheet. Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE The person identified below is hereby/has been appointed to act on behalf common representative x agent of the applicant(s) before the competent International Authorities as: Name and address: (Family name followed by given name; for a legal entiry, full official designation.
The address must include postal code and name of country.) Telephone No. 650-424-0100 Lumen IPS Facsimile No. 2345 Yale Street, 2nd Floor, Palo Alto, CA 94306, US 650-424-0141 ALBOSZTA, Marek 39,894 or MCFARLANE, Thomas J. 39,299 or SCHUSTER, Katharina Wang 50,000 or JACOBS,Ron 50,142 or Teleprinter No. BERTRAM, Rowland 20,015 or LODENKAMPER, Robert 55,399 or GU, Tianhua 52,480 Agent's registration No. with the Office

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

72.5 /		Sheet No2		
Box No. V DESIGNATIONS				
The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.				
However,			_	•
DE Germany is not d	lesignated for any kind of nati	ional protection		İ
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Box No. VI PRIORITY	CLAIM			
The priority of the following	g earlier application(s) is hereb	by claimed:		
Filing date	Number	,	Where earlier application	is:
of earlier application (day/month/year)	of earlier application	national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 23 January 2004	60/538,765	US		
item (2)				
item (3)				
Further priority claims	are indicated in the Suppleme	ntal Box.		
The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:				
	all items item (1) item (2) item (3) other, see Supplemental Box			
* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):				
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):				competent to carry out the
ISA / US				
Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):				
Date (day/month/year)	Numbe	er Coun	try (or regional Office)	
Box No. VIII DECLARATIONS				
The following declarations a check-boxes below and indica	are contained in Boxes Nos. \ te in the right column the num	VIII (i) to (v) (mark the ap ber of each type of declara	pplicable ation):	Number of declarations
Box No. VIII (i) Declaration as to the identity of the inventor				
Box No. VIII (ii) Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent				:
Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application			
Box No. VIII (iv)				
Box No VIII (v)	Declaration as to non-preim	dicial dicalocuras or	stiana ta la di Secondo	

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SHE K LIST; LANGUAGE	OF FILING		
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(a) in paper form, the following number of	item(s) (mark the applicable check-boxes below and indicate in	of item	
sheets:	right column the number of each item): 1. 1. 1. 1. 1. 1. 1. 1.		
request (including declaration sheets) : 3	2. X original separate power of attorney	;	
description (excluding		:	
sequence listing and/or tables related thereto) : 20		:	
claims : 3	4. copy of general power of attorney; reference number, if any:		
abstract : 1	5. statement explaining lack of signature		
	6. priority document(s) identified in Box No. VI as	•	
	item(s):		
Sub-total number of sheets: 35 sequence listing:	7. translation of international application into		
tables related thereto	(language):		
(for both, actual number of	 separate indications concerning deposited microorganis or other biological material 	m	
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computer readable form; see (c) below)	(i) Copy submitted for the purposes of international searce	ch under	
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Figure of the drawings which should accompany the abstract:	Language of filing of the international application: English		
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Next to each signature, indicate the name of the person sign	, AGENT OR COMMON REPRESENTATIVE ing and the capacity is not obvious fro	om reading the request	
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Schuster, Katharina Wang, Reg. No. 50	0,000		
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	Formation		
Date of actual receipt of the purported	For receiving Office use only		
international application:	1	2. Drawings:	
		received:	
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:			
4. Date of timely receipt of the required corrections under PCT Article 11(2):		not received:	
5. International Searching Authority (if two or more are competent): ISA /	6. Transmittal of search copy delayed until search fee is paid		
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	CULATION SHEET x to the Request	International A	International Application No.		
Applicant's or agent's file reference	SRI-110/PCT	Date stamp of t	the receiving Office		
Applicant SRI International		-			
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Where items (b) and (c) of	e) of Box No. IX apply, enter Sub-tf Box No. IX do not apply, enter T	Total number of sheets	} <u>35</u> [ii]		
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4. FEE FOR PRIORITY DOG	CUMENT (if applicable)	L	20 P		
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MODE OF PAYMENT					
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cheque	bank draft	revenue stamps	other (specify): Credit card		
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (This mode of payment may not be available at all receiving Offices) Receiving Office: RO/					

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